

1712  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lichtenhan et al.

Attorney Docket: 38559-0282005

Serial No.: 09/631,892

Art Unit: 1712

Filed: August 4, 2000

Examiner: Robertson, Jeffrey

For: PROCESS FOR THE FORMATION OF POLYHEDRAL OLIGOMERIC  
SILSESQUIOXANES

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application. Please acknowledge receipt of these materials by stamping the date on the enclosed, self-addressed card.

STATUS

2. Applicant is a small entity.

EXTENSION OF TIME

3. (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$ 210.00
<input checked="" type="checkbox"/>	three months	\$ 950.00	\$ 475.00
<input type="checkbox"/>	four months	\$1,480.00	\$ 740.00
<input type="checkbox"/>	five months	\$2,010.00	\$ 1,005.00

Fee \$475.00

If an additional extension of time is required please consider this a petition therefor.

- ☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$475.00

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any items referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: June 30, 2004

Maureen Deering

07/09/2004 ZJU HAR1 00000071 09631892

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## FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL	MINUS	=		x 9 =	\$			x18 = \$
INDEP.	MINUS	=		x 40 =	\$			x80 = \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + 135 =			\$	+270	\$			
				TOTAL ADD'L FEE \$		OR	TOTAL ADD'L FEE \$	

- (a) ☒ No additional fee for claims required.  
(b) ☐ Total additional fee for claims required \$

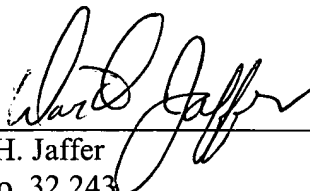
## FEE PAYMENT

5. ☒ Attached is a check in the sum of \$475.00.  
☐ Charge Account No. 502213 the sum of \$  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 502213.

Date: June 30, 2004

  
\_\_\_\_\_  
David H. Jaffer  
Reg. No. 32,243  
Customer No. 27498

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